

State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

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OFFICE OF
HEALTH CARE ACCESS

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Family Centers Inc.	
Doing Business As	Family Centers Inc. Center for Hope	
Name of Parent Corporation	Family Centers Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	590 Post Road Darien. CT 06820	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	Robert M. Arnold, President	
Contact person's street mailing address	40 Arch Street Greenwich, CT 06830	
Contact person's phone, fax and e-mail address	Phone: 203-869-4848 Fax: 203-869-7764 barnold@familycenters.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:
Family Centers Inc. Center for Hope
- b. Location of proposal (Town including street address):
590 Post Road, Darien, CT, 06820
- c. List all the municipalities this project is intended to serve:
Fairfield County, CT
- d. Estimated starting date for the project:
November 1, 2005
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E	P		E	P		E	P	
<input type="checkbox"/>	<input type="checkbox"/>	Acute Care Hospital	<input type="checkbox"/>	<input type="checkbox"/>	Imaging Center	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Center
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Behavioral Health Provider	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory Surgery Center	<input type="checkbox"/>	<input type="checkbox"/>	Primary Care Clinic
<input type="checkbox"/>	<input type="checkbox"/>	Hospital Affiliate	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____			

SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$ 0.00
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	
Total Capital Cost	\$

Major Medical and/or imaging equipment acquisition: None

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- | | | |
|---|---|--|
| <input type="checkbox"/> Operating Funds | <input type="checkbox"/> Lease Financing | <input type="checkbox"/> Conventional Loan |
| <input type="checkbox"/> Charitable Contributions | <input type="checkbox"/> CHEFA Financing | <input type="checkbox"/> Grant Funding |
| <input type="checkbox"/> Funded Depreciation | <input type="checkbox"/> Other (specify): _____ | |

SECTION IV. PROPOSAL DESCRIPTION

1. Please see attached description.

SECTION V. AFFIDAVIT

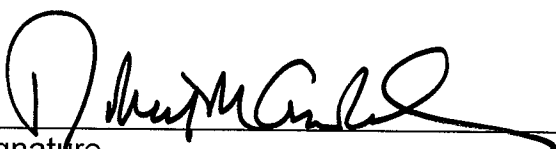
Applicant: Family Centers Inc.

Project Title: Family Centers Inc. Center for Hope

I, Robert M. Arnold, President & CEO
(Name) (Position – CEO or CFO)

of Family Centers Inc. being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that Family Centers Inc. Center for Hope complies with the appropriate (Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature

11/2/05
Date

Subscribed and sworn to before me on November 2, 2005


Notary Public/Commissioner of Superior Court

My commission expires: MILDRED A. BEATTIE
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 30, 2006

PROPOSAL DESCRIPTION

The proposed project is the merger of Center for Hope, Inc. with Family Centers Inc.. Family Centers will continue the services as they presently exist doing business as Family Centers Inc. Center for Hope. The services include counseling, family therapy, and support groups for children, adolescents, adults who have experienced a life-threatening illness or who are grieving the loss of a loved one. Services are extended to family members as well as to the person experiencing the life-threatening illness. Services also include community education programs on issues related to critical illness and bereavement. Family Centers Inc. operates licensed Mental Health Psychiatric Outpatient Clinics in Darien, Stamford and Greenwich, copies of licenses attached. Family Centers has applied for a license as the new operator under the DPH licensure category, Mental Health Psychiatric Outpatient Clinic. The fee for service will remain the same for the near future. The fee for the Center for Hope service is comparable to that charged by Family Centers at each of its other facilities. The population served will remain the same and will remain the target population to be served; that is, children, adolescents and adults who have experienced a life-threatening illness or who are grieving the loss of a loved one. The existing staff of Center for Hope Inc. will be absorbed by Family Centers and continue as the clinical staff at the facility. Family Centers will assigned a staff person to manage and supervise the clinical services. Payers of this service will be clients, third party payers, grants and charitable contributions.

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. C-0177

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

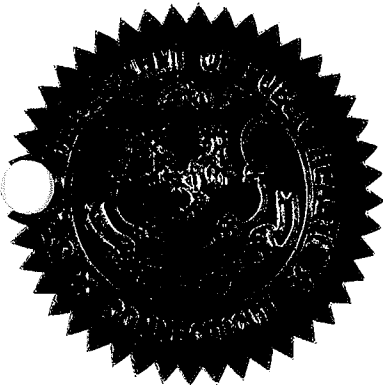
Family Centers, Inc of Greenwich, CT, d/b/a Family Centers, Inc. is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Family Centers, Inc. is located at 20 Bridge Street, Greenwich, CT 06830 with:
Robert M. Arnold as Executive Director
Carole G. Elias as Director

The service classification(s) and if applicable, the residential capacities are as follows:
MULTI SERVICE

This license expires **March 31, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2005. **RENEWAL**



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. C-0204

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Family Centers, Inc of Greenwich, CT, d/b/a Family Centers Inc. is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Family Centers Inc. is located at 60 Palmer's Hill Rd, Stamford, CT 06902 with:

Robert M. Arnold as Executive Director

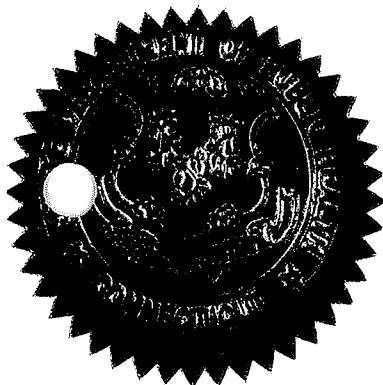
Carole G. Elias as Director

The service classification(s) and if applicable, the residential capacities are as follows:

MULTI SERVICE

This license expires **March 31, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2005. RENEWAL



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0338

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Family Centers, Inc of Greenwich, CT, d/b/a Family Centers, Inc. is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Family Centers, Inc. is located at 972 Boston Post Road, Darien, CT 06820 with:
Robert M. Arnold as Executive Director
Carole G. Elias as Director

The service classification(s) and if applicable, the residential capacities are as follows:

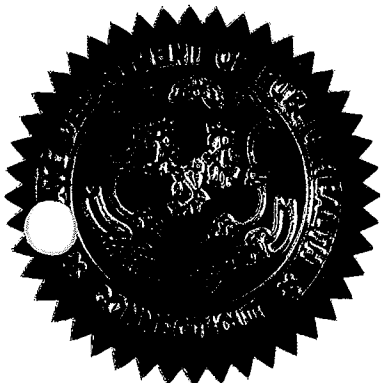
MULTI SERVICE

This license expires ***March 31, 2009*** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2004. RENEWAL

License revised to reflect:

EXPIRATION DATE CHANGED PER FACILITY REQUEST



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner